



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 10027		2. Exact name of the Corporation GAUDREAU DEVELOPMENT CO., INC.	
3. Principal Office Address 5 Cathedral Square		City Providence	State RI
		Zip 02903	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Acquire entity and/or various other interests, conduct all activates related, necessary or incidental thereto.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert R. Gaudreau, Jr.		Vice-President Name Scott Gaudreau	
Street Address 5 Cathedral Square		Street Address 5 Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Scott Gaudreau		Treasurer Name Sarah Happenny	
Street Address 5 Cathedral Square		Street Address 5 Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Scott Gaudreau		Director Name Robert R. Gaudreau, Jr.	
Street Address 5 Cathedral Square		Street Address 5 Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Sarah Happenny		Director Name	
Street Address 5 Cathedral Square		Street Address	
City Providence	State RI	City	State
Zip 02903		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		875	Common
			1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Scott Gaudreau, Secretary		Date 3/5/24	
Signature of Authorized Representative 		MAR - 5 2024	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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